

P05000115358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

630  
1005-36785



700057945927

08/03/05--01005--015 \*\*70.00

FILED  
2005 AUG 18 AM 8:31  
CLERK OF STATE  
TALLAHASSEE FLORIDA

8/19/05

TRANSMITTAL LETTER

FILED

2005 AUG 18 AM 8:31

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: John G. Westine, M.D., P.A.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: John G. Westine, M.D.  
Name (Printed or typed)

250 Dixie Blvd suite #100  
Address

Delray Beach, FL 33444  
City, State & Zip

561-278-3202 or cell 561-441-4043  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

FILED

2005 AUG 18 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

August 3, 2005

JOHN G. WESTINE, M.D.  
250 DIXIE BOULEVARD  
SUITE #100  
DELRAY BEACH, FL 33444

SUBJECT: JOHN G. WESTINE, M.D., P.A.  
Ref. Number: W05000036785

We have received your document for JOHN G. WESTINE, M.D., P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific nature of business of the professional association must be stated in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 505A00050147

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

## ARTICLE I NAME

The name of the corporation shall be:

John G. Westine, M.D., P.A.

2005 AUG 18 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

250 Dixie Blvd suite #100  
Delray Beach, FL 33444

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful business purposes within the context of a medical practice of: Facial Plastic  
& Reconstructive Surgery & Otolaryngology.

## ARTICLE IV SHARES

The number of shares of stock is:

ONE (#1)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John G. Westine, M.D. - President & CEO.  
250 Dixie Blvd suite #100  
Delray Beach, FL 33444

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

John G. Westine, M.D.  
250 Dixie Blvd suite #100  
Delray Beach, FL 33444

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

John G. Westine, M.D.  
250 Dixie Blvd suite #100  
Delray Beach, FL 33444

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

John G. Westine, M.D.  
Signature/Registered Agent

7/31/05  
Date

John G. Westine, M.D.  
Signature/Incorporator

7/31/05  
Date